

**GEOGRAPHIC GROUP FIELD OF MEMBERSHIP
EXPANSION APPLICATION (Form ACUA 1705-G)**

Credit Union Name: _____ Date: _____

Description of Geographic Area:

Number of Potential Members: _____

Street address of credit union office nearest to Geographic Area:

Street

City

County

State

Zip

Has your credit union entered into any agreements, written or oral, with any other credit union regarding dual membership.

Yes _____ No _____

If yes, please describe in detail.

Will the credit union's membership policy allow membership to all individuals who live or work within the geographic area in accordance with your by-laws?

Yes _____ No _____

If no, please indicate here any factors, which may prevent an individual from becoming a member of the credit union.

This application **must** be submitted with the following information:

1. Most recent month end Financial Statements, including post closing Statements of Financial Condition and Income.
2. A recent (within the last 12 months) business plan that addresses how the credit union intends to serve its Field of Membership if this expansion is approved.

The business plan submitted must include the following information:

1. An explanation as to why this expansion is deemed necessary or desirable.
2. How the credit union intends to market to and fully serve all potential members in the Geographic area, including use of present facilities, plans for expansion, new construction, etc.
3. Contingency plans indicating adjustments to be made to policies and procedures:
 - a. If the expected response by new potential members is not significantly realized;
 - b. If the actual response by new potential members significantly exceeds the expected response.

A business plan may be submitted at any time prior to or along with an application for Geographic Group expansion. A copy of the plan is not required if one has previously been submitted **and**: (1) The plan is still in effect; (2) It adequately addresses the proposed FOM expansion; and (3) It has been reviewed by your credit union's board of directors within the last 12 months. The Administrator may request a copy of the current plan or require revision of the plan on file if he or she deems it necessary.

Certification and Signature

I hereby certify that the information contained in this application, and all related documentation, is true to the best of my knowledge, and that at a special/regular meeting on _____ that the Board of Directors of this credit union approved the request for this group to be eligible for membership.

Date _____

Signature _____

Name _____

Title _____